PART B - FEE(S) TRANSMITTAL

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Michelle J. Carman		(Depositor's name
10 MANN	Caran	(Signature
	ilialio	(Date
ATTOR	ATTORNEY DOCKET NO	CONTERDADATION NO

APPLICATION NO. FILING DATE ETDOT NAMED INVEN 10/085 524 02/26/2002 WRI D. 1. 1013 Tan A Stewart 8721 TITLE OF INVENTION: METHOD FOR SECURE MULTICAST REPEATING ON THE PUBLIC INTERNET

APPLN, TYPE SMALL ENTITY ISSUE FEE DUE PURI ICATION PER DUE PREV PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional YES \$755 \$300 \$0 \$1055 02/12/2010 RYAMINTO ART UNIT CLASS-SUBCLASS ZIA SYED 2431 713-163000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Black Lowe & Graham PLLC (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Tree Address" indication (or "Fee Address" indication form PTO/SB/47: Rev 03-02 or more recent) attached. Use of a Customer Number is recently attached.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Piease check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🖾 Corporation or other private group entity 👊 Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Issue Fee A check is enclosed.

2 Publication Fee (No small entity discount permitted) (via EFT) A Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies _ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 501050 (enclose an extra copy of this for

(enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Mulail Date ___ 1-12-10 Authorized Signature ____ Typed or printed name _ Michael S. Smith Registration No. 39,563

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